

Public Health Committee

:

Public Hearing March 17, 2014

Testimony: SB 459 An Act concerning medical assistants, allowing the Medical Assistant to administer certain medications under the supervision of a physician in a medical office setting.

Greetings members of the Public Health Committee:

My name is Edith Ouellet, and I have been a Registered Nurse for twenty-seven years. I currently practice as a maternal-child health and Neonatal Intensive Care Nurse and I am a clinical nurse educator and director of Nursing at Three Rivers Community College in Norwich. I am here to speak in opposition of SB 459.

Allowing the Medical Assistant to administer medications in the ambulatory/medical office setting is unsafe. It is unreasonable to consider that the indirect supervision of a Physician is a safety net to untoward effects of this practice. Medical Assistants do not receive the required education to gain the knowledge and skills necessary to make critical assessments to ensure safe medication administration. Administration of a medication cannot be understood as a simple task. Minimizing this to a task opens this very important intervention up to potentially poor patient outcomes.

Adverse drug reactions cost the country \$3.5 billion annually (CDC, 2012). The projected savings utilizing an unlicensed health care provider to administer medication would not offset this loss due to the potential for increased errors. Health care facilities are implementing strategies that make their environments safe. These include the EMR, barcode scanning, and using two patient identifiers. While it seems evident that a graduate of the Medical Assistant program could learn and manage the use of this technical equipment, they do not have knowledge that guides critical assessments necessary in safe medication administration. These assessments involve analyzing vital signs in relation to medication effects, side effects experienced, drug-drug-interactions, and route considerations to name a few. Chronic co-morbidities play a huge role in safe administration and requires the person to have a thorough understanding of these pathologies.

The Medical Assistant does not have enough clinical education to learn how to evaluate or educate about the outcomes of the medications they will administer. A licensed RN, APRN, or Physician currently carries out medication administration, assessment, and evaluation. The RN is educated in the Nursing Process. This nursing process allows the nurse to make assessments critical to the outcome of the medication. Understanding the rationale for the prescribed medication, the physiologic affects of the medication, and to watch for efficacy or untoward reactions is critical in safe medication administration.

Medication administration is complex. It involves understanding the way a body absorbs, distributes, metabolizes, and excretes a medication. Different populations have characteristics that effect each of these considerations. This is knowledge gained during intensive nursing and medical education, grounded in theory and scientific education. Therefore this intervention should remain with licensed RN's, APRN's, and Physician's. Their scope of practice includes regulations that outline the safe administration of medications for the reasons I have highlighted here. Please consider this when you make your decision on this proposed bill.

Thank you for giving me the opportunity to write about this very important issue. I would be glad to remain as a resource for anyone who has questions about the nursing profession's scope of practice related to medication administration.



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Reference

CDC, 2012. *Medication Safety Basics*. Retrieved from
<http://www.cdc.gov/medicationsafety/basics.html#Key>